



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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September 9, 2008

Russell McCoy, Administrator
Church Hill Downs Group Home
415 South Arthur
Pocatello, Idaho 83204

RE: Church Hill Downs Group Home, provider #13G043

Dear Mr. McCoy:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Church Hill Downs Group Home, on August 26, 2008.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL, REHS
Health Facility Surveyor
Facility Fire Safety and Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 09/04/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G043	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 , 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2008
NAME OF PROVIDER OR SUPPLIER CHURCH HILL DOWNS GROUP HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1722 CHURCH HILL DOWNS POCATELLO, ID 83201		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>This facility is single story, type V (000) construction. It is fully sprinkled with quick response heads and is equipped with a fire alarm/smoke detection system. The facility was built/completed in 1991. The facility is currently licensed for eight (8) ICF/MR beds.</p> <p>The above facility was found to be in substantial compliance with federal regulations during the annual Fire/Life Safety survey conducted on August 26, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board & Care Occupancies, Impractical Evacuation Capability in accordance with 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell Health Facility Surveyor Fire/Life Safety and Construction</p>	K 000		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13G043	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 , 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/26/2008
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M 000	<p>16.03.11 Initial Comments</p> <p>This facility is single story, type V (000) construction. It is fully sprinkled with quick response heads and is equipped with a fire alarm/smoke detection system. The facility was built/completed in 1991. The facility is currently licensed for eight (8) ICF/MR beds.</p> <p>The above facility was found to be in substantial compliance with state rules during the annual Fire/Life Safety survey conducted on August 26, 2008. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition and in accordance with IDAPA 16.03.11.</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Fire/Life Safety and Construction</p>		M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE